	Complete if Known
Effective on 12/08/2004. *Fees pursuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818).*	

FEE TRANSMITTAL
for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($)	$2,210.00

Complete if Known	
Application Number	09/610,704
Filing Date	July 6, 2000
First Named Inventor	Max F. Kilger
Examiner Name	Michael C. Heck
Art Unit	3623
Attorney Docket No.	065327-0017

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit   Deposit Account Number: _____04-2223_____   Deposit Account Name: _____Dykema Gossett_____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or any underpayment of   ☒ Credit any overpayments
fee(s) under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fees Paid($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims		Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims Fee ($)	Fee Paid ($)
_42_	- 20 or HP =	_22_	x _$50.00_	= _$1,100.00_	_____	_____

HP = highest number of total claims paid for, if greater than 20.

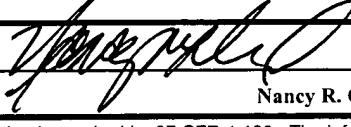| Indep. Claims		Extra Claims	Fee ($)	Fee Paid ($)
_4_	- 3 or HP =	_1_	x _$200.00_	= _$200.00_

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____	- 100 =	_____	/ 50 _____ (round up to a whole)	x _$250.00_	= _$0.00_

4. OTHER FEE(S)

	Fee Paid ($)
~~Non-English specification, $130 fee (no small entity discount)~~ Petition for Extension of Time	$120.00
Other (e.g. late filing surcharge): **Request for Continued Examination**	$790.00

SUBMITTED BY					
Signature	*[signature]*	Registration No. (Attorney/Agent)	38,147	Telephone	312-627-2193
Name (Print/Type)	Nancy R. Gamburd			Date	January 18, 2005

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.